

**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
GRADUATE SCHOOL OF NURSING**

4301 Jones Bridge Road
Bethesda, MD 20814-4799

APPLICATION FOR ADMISSION TO THE DOCTORAL PROGRAM

Internet Address: www.usuhs.mil

(Type in all information)

Date of Application	Desired Date of Entry	Rank or GS Level	Program Applying For: Ph.D. _____ Full-Time _____ Part-Time _____
Last Name First Middle			
Mailing Address		City	State Zip Code
Home Phone () Work Phone ()	Home Email Address Work Email Address		Gender Male _____ Female _____
Branch of Service Army _____ Air Force _____ Navy _____ USPHS _____ Other Federal Agency (List) _____	U. S. Citizen Yes _____ No _____	State of Legal Residence WA	
	SSN (See Privacy Act Statement)	Date of Birth	
	Nursing License State: _____ Number: _____		
Indicate Racial/Ethnic Background (For Profile Purposes Only – Response Optional)			
Asian/Pacific Islander _____	Caucasian _____	Puerto Rican _____	
American Indian _____	Hispanic _____	(Commonwealth) _____	
Alaskan Native _____	Mexican American/Chicano _____	Other _____	
African American/Black _____	Puerto Rican (Mainland) _____	Prefer Not to Respond _____	
Have you taken the Graduate Record Examination (GRE) Yes _____ No _____			
Date GRE Taken (mm/yy)	Note: The GRE is usually taken within 5-7 years of application. Information on the GRE may be found at www.gre.org/splash.html		
Please have your GRE scores sent to: Dean, Graduate School of Nursing Uniformed Services University of the Health Sciences 4301 Jones Bridge Road Bethesda, Maryland 20814-4799			

Check the Appropriate Box	Yes	No	If Yes, please specify
Have you previously applied for admission to graduate study at USUHS? What academic year? What was the result?			
Have you previously applied for admission to another graduate nursing school? What academic year? What was the result?			
Have you ever been dismissed from/denied readmission to any college or university?			
Do you consider anything about your academic record or career pattern to be unusual?			
Do you have any teaching experience?			
Have you ever withdrawn or repeated a term in any college or university?			

Post Secondary Education: Please list all institutions attended after high school					
Institution	Dates of Attendance		Major	Degree Earned or # Credits Earned	Date
	From:	To:			

Please have your original transcripts sent to:

Dean, Graduate School of Nursing
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, Maryland 20814-4999

Professional Experience: In chronological order, list employment since completing nursing school, including part-time. Describe any periods of time since nursing school, three months or longer in duration, that are not accounted for. Use an additional sheet, if necessary. Attach CV at end of application.

[illegible]

Professional Certifications

Type of Certification	Certifying Organization	Expiration Date	State	Number/Expiration Date

List memberships and/or offices held in Honor Societies and Professional/Civic organizations.
List any honors received.

Research & Publications

[illegible]

REFERENCES: Three references are required. In general, it is recommended that references be obtained from those persons who are academically prepared at the doctoral level and who can objectively comment upon the applicant's academic performance, work and/or professional performance. Please see the GSN website (<http://cim.usuhs.mil/gsn/>) for specific reference requirements.

Please provide the following information concerning your references			
Name	Institution	Department	Date of Request

Please have references sent to:

Dean, Graduate School of Nursing
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4799

PERSONAL STATEMENT: All applicants must complete a personal statement (see next page).

Privacy Act Statement: The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance:

1. The collection of information about applicants is authorized by Title 5 USC 301; Public Law 92-426; and Executive Order 9397.
2. The purpose of applicant records is to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicant's records.
3. Routine uses of this information will include, in addition to admission decisions, related research and statistical endeavors designed to improve the admissions process.
4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete certain sections of this form may delay processing and/or increase the probability of accidental mishandling of applications.

I have read and understand the instructions (including Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

Signature: _____

Date: _____

PERSONAL STATEMENT FOR DOCTORAL PROGRAM

NAME: _____
Last First Middle Initial

SOCIAL SECURITY NUMBER _____

DIRECTIONS: Write a short essay addressing your short-term and long-term goals in nursing. Please include your doctoral research interests. Expand upon the experiences, past and present, which have influenced your decision to pursue a doctoral education in nursing.

Please type double spaced, and do not exceed two typewritten pages.